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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37273 (2)
 1. Corporation Name
ST. MARK'S ORTHODOX CHURCH, INC.

Principal Place of Business Mailing Address
 3415 9TH ST E BRADENTON FL 34208
 3415 9TH ST E BRADENTON FL 34208

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country Zip 29 Country 30

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 03/20/1990
 3a. Date of Last Report 02/18/1994
 4. FEI Number 65-0197896
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 BORZKOWSKI, ANGELINA
 1236 58TH ST W
 BRADENTON FL 34209

10. Name and Address of New Registered Agent
 81 Name **FILIPOVICH, JOHN**
 82 Street Address (P.O. Box Number is Not Acceptable) **3036 59TH ST. CT. W.**
 83
 84 City **BRADENTON** FL 85 Zip Code **34209**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Rev. John Filipovich* (Signature, typed or printed name of registered agent and title if applicable.)
 SIGNATURE *Rev. John Filipovich* (NOTE: Registered Agent signature required when installing.)
 DATE **15 Jan 1995**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KARPELENIA, BASIL F
STREET ADDRESS	5443 GINGER COVE DR APT E
CITY-ST-ZIP	TAMPA FL
TITLE	DV
NAME	SISKO, DENNIS
STREET ADDRESS	2803 GULF CITY RD
CITY-ST-ZIP	RUSKIN FL
TITLE	DS
NAME	KATSARELIS-GOLUBOV, NADYA
STREET ADDRESS	5511 9 AVE DR WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	DT
NAME	DIANE, MITROVICH
STREET ADDRESS	4440 IRONWOOD CIR 106D
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	BORZKOWSKI, ANGELINA
STREET ADDRESS	1236 58TH ST W
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	TORAN, HELEN K.
STREET ADDRESS	8407 14AVE N.W.
CITY-ST-ZIP	BRADENTON FL 34209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FILIPOVICH, JOHN (Rev)	
1.3 STREET ADDRESS	3036 59TH ST. CT. W.	
1.4 CITY-ST-ZIP	BRADENTON, FL 34209	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. John Filipovich* (Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **REV. JOHN FILIPOVICH** Date **15 Jan 95**
Angelina Borzkowski (Signature) **ANGELINA BORZKOWSKI** Date **15 Jan 95**